Tennessee Department of Education

Office of Coordinated School Health

Annual Report

2015-16 School Year

Office of Coordinated School Health 2015-16 Annual Report

Coordinated School Health (CSH) is an evidenced-based model developed by the Centers for Disease Control and Prevention (CDC) designed to promote healthy school environments so children arrive at school ready to learn. In 2006, Tennessee became the only state in the nation with a legislative mandate and $15,000,000 in state funding per year to implement CSH in all school districts. CSH funding provides each school district with a full time Coordinator, an assistant, and basic materials and resources necessary to develop policies, partnerships, and initiatives designed to advance student health and improve academic outcomes. CSH Coordinators address eight components of school health: health education, physical education/physical activity, health services, mental health/social services, nutrition services, healthy and safe environment, staff wellness, and family/community partnerships.

This report provides information on CSH programmatic outcomes and selected student health indicators data for the 2015-16 school year.

According to the Centers for Disease Control and Prevention, "The academic success of America's youth is strongly linked with their health. Health-related factors such as hunger, physical and emotional abuse, and chronic illness can lead to poor school performance.[1] Health-risk behaviors such as early sexual initiation, violence, and physical inactivity are consistently linked to poor grades and test scores and lower educational attainment.[2-4]

In turn, academic success is an excellent indicator for the overall well-being of youth and a primary predictor and determinant of adult health outcomes.[5-7] Leading national education organizations recognize the close relationship between health and education, as well as the need to foster health and well-being within the educational environment for all students.[8-11]

Scientific reviews have documented that school health programs can have positive effects on educational outcomes, as well as health-risk behaviors and health outcomes.[12-13] Similarly, programs that are primarily designed to improve academic performance are increasingly recognized as important public health interventions.[14-16]

Schools play a critical role in promoting the health and safety of young people and helping them establish lifelong healthy behaviors. Research also has shown that school health programs can reduce the prevalence of health risk behaviors among young people and have a positive effect on academic performance.

Why coordinated school health?

Historically, school health programs and policies in the United States have resulted, in large part, from a wide variety of federal, state, and local mandates, regulations, initiatives, and funding streams. Thus, prior to coordinated school health implemented statewide in Tennessee, many schools had a "patchwork" of policies and programs with differing standards, requirements, and populations to be served. In addition, the professionals who oversaw the different pieces of the patchwork came from multiple disciplines: education, nursing, social work, psychology, nutrition, and school administration, each bringing specialized expertise, training, and approaches.

Coordinating the many parts of school health into a systematic approach can enable schools to:

- eliminate gaps and reduce redundancies across the many initiatives and funding streams;
- build partnerships and teamwork among school health and education professionals in the school;
- build collaboration and enhance communication among public health, school health, and other education and health professionals in the community; and
- focus efforts on helping students engage in protective, health-enhancing behaviors and avoid risk behaviors.

Tennessee's Accomplishments

- Tennessee student body mass index (BMI) rates for overweight and obese are declining. BMI rates declined from **41.2 percent** in 2007-08 to **38.4 percent** in 2015-16.[22]
- Parent and student partnerships are emphasized in all aspects of CSH. CSH Coordinators have expanded the average number of partners from **21** community partnerships per school district in 2008-09 to **51** community partners in 2014-15. CSH District Coordinators worked with **7,182** different community partners and coalitions during the 2014-15 school year. Also, CSH statewide partnered with **75,328 students** and **36,554 parents** to address school health priorities during the 2015-16 school year.[17]
- Percent of school districts with active School Health Advisory Committees (SHAC's) increased from **87 percent** of all school districts during the 2011-2012 school year to **93 percent** of all school districts during the 2015-2016 school year.[17]
- From the 2007-08 to 2015-16 school years, CSH Coordinators secured an **additional $164 million** in health grants and in-kind resources/gifts for Tennessee schools which was used to expand local capacity to address school health priorities.[17]
- According to CDC's Youth Risk Behavior Surveillance (YRBS) survey for high school students, the percentage of Tennessee students who were physically active for a total of at least 60 minutes per day on five of the past seven days substantially **increased** from **25 percent** in 2005 to **42 percent** in 2015.[18]
- During the 2015-16 school year, **106** districts approved policies and guidelines to address school health concerns with **157** districts strengthening their policies and guidelines.[17]

- School health goals have been included in School Improvement Plans (SIP) and Tennessee Comprehensive System-wide Planning Process (TCSPP) plans in **66 percent** of all school districts.[17]
- In 2015-16 over **1.3 million** student health screenings occurred in Tennessee public schools. Of those screened, **133,597** students were referred to a health care provider for additional medical attention through parental notification.[19]
- At the end of the 2015-16 school year, school districts reported a **64 percent** compliance rate for schools meeting the 90 minute per week student physical activity law.[21]
- In 2015-16 there were **3,885,680** student visits to a school nurse. **87 percent** of those visits resulted in a student's ability to return to class instead of being sent home.[19]
- In 2015-16, **48,825** well child exams (EPSDTs) were provided to Tennessee students either by a school clinic practitioner, a private provider in the schools, or county health department via school transport. Of these, **88 percent** received an EPSDT through *Well Child, Inc.* or another private provider at school and **12 percent** received an EPSDT through a school-based clinic.[19]
- Since the implementation of Coordinated School Health in all Tennessee school districts, CSH district coordinators have used CSH state or federal grant funds along with resources from community partners to provide **499** schools with walking tracks/trails, **296** schools with in-school fitness rooms for students, and **365** schools with new and/or updated playgrounds.[17]
- **Ninety-one percent** of all school-based or school-linked clinics provided staff health services during the 2015-2016 school year.[19]

- The school nurse consultant position was added to the Office of Coordinated School Health through a partnership with the Tennessee Department of Health, with funding from the US Department of Health and Human Services, Health Services Resources Administration, Maternal and Child Health Bureau (Maternal and Child Health Block Grant). The Tennessee Department of Health has funded the Office of Coordinated School Health's PE/PA specialist position since 2014 with funding from a cooperative agreement with the CDC (State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health) (DP13-1305).

On-going Challenges

- There are increasing numbers of students attending Tennessee public schools requiring school-based health services. The total number of students with selected chronic illnesses or disability diagnoses increased by **95 percent** between 2004-05 and 2015-16. The number of ADHD/ADD diagnoses increased by **167 percent** in twelve years. The number of students diagnosed with asthma increased by **78 percent** and the number of students diagnosed with diabetes increased by **62 percent** during the same time period.[19]

- School systems/special schools hire nurses to serve the general and special education student populations. Despite a sharp increases in the number of students requiring school-based health services, only **47 percent** or **856** schools employed a nurse full time in their school.[19]

- During the 2015-16 school year, **2,940** 911 emergency calls were made in Tennessee public schools. Of these calls, **2,138** (**73 percent**) were made when a nurse was in the school building, and **802** (**27 percent**) were made when a nurse was **NOT** in the school building.[19]

- During the 2015-16 school year, **12,531** students received an emergency procedure in Tennessee schools. Almost all of the emergency procedures were provided to students for "other," broken bones, resuscitation, burns, etc. (**51 percent**) or asthma (**30 percent**). The total percentage of students receiving an emergency procedure increased by **14 percent** from the previous year.[19]

- The rate of Tennessee high school students reporting that they attended daily physical education classes in an average week declined from **30 percent** in 2003 to **25 percent** in 2015.[17]

CSH Infrastructure

According to Tennessee State Board of Education Standards and Guidelines for Tennessee's Coordinated School Health initiative the following infrastructure elements must be in place in every school district in order to implement CDC's evidence-based CSH model with fidelity:

> *Each district will establish a full-time position for a coordinator/supervisor of school health programs at the system level for school systems with 3,000 or more students. School systems with fewer than 3,000 students will establish a position for coordinator/supervisor of school health programs at 50 percent time or more are encouraged to enter into a consortium with other school systems to apply for funding. The coordinator/supervisor position in both cases will be in addition to other school health component staff and school system coordinator/supervisor positions.*

The district will establish:

> *A School Health Advisory Council (SHAC) that includes representative of the school system(s), staff, students, parents, civic organizations, community agencies, the faith community, minority groups and others concerned with the health and wellness of students with at least two-thirds of the members being non-school personnel. The Advisory Council will recommend policies and programs to the school system and also develop and maintain an active working relationship with the county health council.*

A Staff Coordinating Council on School Health for the school system that is representative of all eight components of the coordinated school health program. The Staff Coordinating Council will seek to maximize coordination, resources, services and funding for all school health components.

A Healthy School Team at each school in the system that is representative of all eight components of the coordinated school health program. The team will include the principal, teachers, staff, students, parents and community members with at least one- half of the team members being non-school personnel. The Healthy School Team will assess needs and oversee planning and implementation of school health efforts at the school site.

Additional district CSH elements:

Develop and maintain local school system policies that address and support a coordinated school health program and each of the integrated components.

Develop and maintain a staff development system for orienting and training administrators, principals, and other school leadership team members that allows for informed decision making in adopting and implementing the coordinated school health program model at the school system and school level.

Develop and maintain a system of assessing and identifying the health and wellness needs of students, families, and staff that will be used in developing system policies and strategic plans, school health programs, curriculum and initiatives, and school improvement plans.

In all School Improvement Plans (SIP), incorporate easy-to-implement and appropriate assessments and surveys, improvement strategies and services, and integrated learning activities that address the health and wellness needs of students and staff.

Identify and obtain additional financial support and program collaboration with community agencies/organizations along with other external financial support to supplement the Basic Education Program (BEP) funding formula and the additional CSH funding provided for the school health program.

Develop and maintain a system for annual evaluation of progress and outcomes for the coordinated school health program effort, including the impact on the student performance indicators required by the State Board of Education in TCA 49-1 211(a) (3) and any state designated health outcomes for students and staff.

Highlights:

School health goals have been included in the School Improvement Plan (SIP) and Tennessee Comprehensive System-wide Planning Process (TCSPP) plan in **66 percent** of all school districts.[17]

From 2007-08 to the 2015-16 school year, CSH Coordinators secured an **additional $164 million** in health grants and in-kind resources/gifts for Tennessee schools which was used to expand local capacity to address school health priorities.[17]

The percent of school districts with active School Health Advisory Committees (SHAC) has increased slightly from **87 percent** of all school districts during the 2011-12 school year to **93 percent** of all school districts during the 2015-16 school year.[17]

Healthy School Teams were actively functioning in all schools in **74 percent** of all school districts.[17]

Health Services

Health services are provided and/or supervised by school health nurses to appraise, protect, and promote the health of students. These services include assessment, planning, coordination of services, and direct care for all children, including those with special health care needs. Health services are designed and coordinated with community health care professionals to ensure early intervention, access, and referral to primary health care services; foster appropriate use of primary health care services; prevent and control communicable disease and other health problems; provide emergency care for student and staff illness or injury; provide daily and continuous services for children with special health care needs; promote and provide optimum sanitary conditions for a safe school facility and school environment; and provide educational and counseling opportunities for promoting and maintaining individual, family, and community health.

Highlights:

- During the 2015-16 school year, CSH District Coordinators secured **$11,736,838** in grants, gifts and in-kind resources for Tennessee schools to support the delivery of health services to students.[17]
- During the 2015-16 school year, **226,378** students in Tennessee public schools had a chronic illness or disability diagnosis. This represents **23 percent** of all Tennessee public school students statewide. Of those students with a diagnosis, the most common were asthma (**30 percent**), ADHD/ADD (**24 percent**), and severe allergies (**15 percent**).[19]
- The total number of students with selected chronic illnesses or disability diagnoses increased by **85 percent** between 2004–05 and 2014–15. The number of ADHD/ADD diagnoses increased by **141 percent** in these ten years. However, between the 2014–2015 and 2015-16 school year the percentage decreased to **51 percent**. The number of students diagnosed with asthma increased by **79 percent** and the number of students diagnosed with diabetes increased by **167 percent** during the same time period.[19]

Every year, parents of Tennessee public school students are notified by school staff of the availability of free student school health screenings. Why screen students for health concerns? We know healthy children learn better. For example, if a child cannot hear very well it would be very hard for him/her to concentrate on school work. Likewise, if a student cannot see the board then it will be difficult for him/her to comprehend a classroom lesson. When a health concern is identified early through a regular school health screening, steps can be taken to access needed health care so health and academic issues do not develop into serious problems. All parents are given the opportunity to exclude their child from screenings if they wish to not take advantage of this service.

According to the *Tennessee School Health Screening Guidelines***,** students in grades pre-K, kindergarten, 2, 4, 6, and 8 are screened annually for vision and hearing. Students in grades kindergarten, 2, 4, 6, 8, and one year of high school (usually Lifetime Wellness class) are screened annually for blood pressure and body mass index (BMI) in addition to vision and hearing. School staffs are encouraged to screen students for oral health problems and screen sixth grade students for scoliosis. Most school systems/special schools provided vision, hearing, BMI and blood pressure screening for their students. **19,348** students were screened for scoliosis and **45,975** received dental screenings this year.

During the 2015-16 school year, **1,391,762** total school health screenings occurred in Tennessee schools. A school health screening is typically comprised of vision, hearing, body mass index (BMI), blood pressure, and with some systems, includes dental and scoliosis screenings. Of the total number of school health screenings; **24 percent** were vision, another **24 percent** were hearing, and **25 percent** were BMI making up the common types of sub-screens conducted. [19]

The total number of students referred to health care providers increased **151 percent** between 2006-07 and 2015-16. The most significant increase in referrals from 2006-07 to 2015-16 were for BMI (**572 percent**), blood pressure **(794 percent**), and vision (**124 percent**). Referrals decreased for scoliosis **by 11 percent**.[19]

School systems/special schools hire nurses to serve the general and special education student populations. Out of the **1,811** public schools in Tennessee, **47 percent** or **856** schools employed a nurse full time in their school. During the 2015-16 school year, **1,424** school nurses worked in Tennessee schools. School systems reported **10 percent** of all school nurses served special education students and **90 percent** served the general school population.[19]

During the 2015-16 school year, **3,231** 911 emergency calls were made in Tennessee public schools. Of these calls, **2,057** or **64 percent** were made when a nurse was in the school building, and **1,174** or **36 percent** were made when a nurse was **NOT** in the school building.[19]

The number of school systems with school-based clinics decreased from **186** in 2013-14 to **185** in 2015-16, **(0.5 percent decrease)**, and to **155** school-based/school linked clinics in 2015-16. Survey respondents reported that their school districts planned to open **16** new clinics during the 2015-16 school year. Of the **155** schools that provided clinic services in 2015-16, **77 percent** used tele-medicine, **82 percent** provided services to staff as well as students, **39 percent** provided immunizations and **43 percent** provided dental services in their clinics.[19]

In 2015-16, **7,018** student referrals were made to other health care providers (optometrists, audiologist, pediatricians, etc.) through parental notification. The number of school systems/special schools with school-based clinics increased from **32** in 2014-15 to **33** in 2015-16[19]

During the 2015-16 school year, **44** districts approved new health services district policies and guidelines to address school health concerns with an additional **52** districts strengthening their health services district policies and guidelines.[17]

Physical Activity & Physical Education

Physical education is a planned, sequential pre-K through grade 12 curriculum program that follows national standards in providing developmentally appropriate cognitive content and learning experiences in a variety of physical activity areas such as basic movement skills; physical fitness; rhythm and dance; cooperative games; team, dual, and individual sports; tumbling and gymnastics; and aquatics. Quality physical education promotes, through a variety of planned individual and cooperative physical activities and fitness assessments, each student's optimum physical, mental, personal, and social development and provides fitness activities and sports that all students, including students with special needs, can enjoy and pursue throughout their lives.

Physical activity in an educational setting is defined as a behavior consisting of bodily movement that requires energy expenditure above the normal physiological (muscular, cardio-respiratory) requirements of a typical school day. Physical activity in an educational setting includes regular instruction in physical education, co-curricular activities, and recess. Physical education classes should be offered with moderate to vigorous physical activity as an integral part of the class. Co-curricular activities include physical activity integrated into areas of the school program-classroom, gymnasium, and/or outdoor activity spaces.

Highlights:

- Since the implementation of Coordinated School Heath in all Tennessee school districts, CSH district coordinators have used CSH state or federal grant funds and/or community partners to provide **501** schools with walking tracks, **303** schools with in-school fitness rooms for students, and **364** schools with new and/or updated playgrounds.[17]

- During the 2015-16 school year, CSH district coordinators either wrote and received federal or state grants or worked with community partners to fund physical education and/or physical activity efforts totaling **$2,535,473** statewide.[17]

- Since 2005, the percentage of Tennessee high school students reporting they attended physical education classes on one or more days in an average week when in school decreased slightly from **30 percent** in 2005 to **25 percent** in 2015.[21]

- Between 2005 and 2015 the percentage of Tennessee high school students who reported being physically active for a total of at least 60 minutes per day on five of the past seven days substantially increased from **25 percent** to **42 percent**. [21]

- During the 2015-16 school year, **96 percent** of all Tennessee school systems reported to the Office of Coordinated School Health that they were in compliance with the 90-Minute Physical Activity law for all students. Of these school districts, **56 percent** report that their schools exceeded the minimum requirements of the 90-Minute Physical Activity law.[17]

- During the 2015-16 school year, **19** school districts approved new physical education/physical activity district policies and guidelines, with **24** districts strengthening their physical education/physical activity district policies and guidelines.

Nutrition Services

Nutrition services assure access to a variety of nutritious, affordable, and appealing meals in school that accommodate the health and nutrition needs of all students. School nutrition programs reflect the U.S. Dietary Guidelines for Americans and other criteria to meet the complete nutrition needs of students.

Each school's nutrition program also offers a learning laboratory for classroom nutrition and health education that helps students develop skills and habits in selecting nutritionally appropriate foods and serves as a link to nutrition-related community services and educational programs.

Highlights:

- During the 2015-16 school year, **100 percent** of all schools in Tennessee reported they were in compliance with the school vending and a la carte law for kindergarten through grade 8. (TCA 49-6-2307) **362** high schools are voluntarily complying with this law.[17]

- CSH district coordinators reported **1012** schools provided universal breakfast programs for all students and **268** schools added salad bars in 2015-16 school year.[17]

- Since USDA's Healthier Schools Challenge award program began, **291** Tennessee schools have received a USDA Healthier Schools Challenge Award. Currently, **183** schools are participating in the USDA Healthier Schools Challenge program.[17]

- During the 2015-16 school year, CSH district coordinators received federal or state grants and/or worked with community partners to fund nutrition education programs totaling **$2,462,521** statewide.[17]

- During the 2015-16 school year, **20** school districts approved new nutrition district policies and guidelines with **33** districts strengthening their nutrition district policies and guidelines[17]

School Counseling, Psychological, And Social Services

Counseling, mental health, and social services are provided to assess and improve the mental, emotional, and social health of every student. Students receive services such as developmental classroom guidance activities and preventative educational programs in an effort to enhance and promote academic, personal, and social growth. Students who may have special needs are served through assessments, individual and group counseling sessions, crisis intervention for emergency mental health needs, family/home consultation, and/or referrals to outside community-based agencies when appropriate. The professional skills of counselors, psychologists, and social workers, along with school health nurses, are utilized to provide coordinated "wrap around" services that contribute to the mental, emotional, and social health of students, their families, and the school environment.

Highlights:

- District mental health guidelines and policies were developed in **6** school districts during the 2015-16 school year. An additional **14** school districts strengthened existing mental health guidelines and or policies. [17]

- **1,029** school counselors were provided professional development organized and/or funded by CSH this year.[17]

- CSH district coordinators worked with community mental health partners to establish **98** school-based/school-linked clinics to provide behavioral health services for Tennessee students.[19]

- During the 2015-16 school year, CSH district coordinators either received federal or state grants or worked with community partners to fund school counseling or school-based mental health services totaling **$2,500,310** statewide.[17]

Healthy School Environment

Healthy school environment concerns the quality of the physical and aesthetic surroundings; the psychosocial climate, safety, and culture of the school; the school safety and emergency plans; and the periodic review and testing of the factors and conditions that influence the environment. Factors and conditions that influence the quality of the physical environment include the school building and the area surrounding it; transportation services; any biological or chemical agents inside and outside the school facilities that are detrimental to health; and physical conditions such as temperature, noise, lighting, air quality, or potential health and safety hazards. The quality of the psychological environment includes the physical, emotional, and social conditions that affect the safety and well-being of students and staff.

Highlights:

- During the 2015-16 school year, CSH district coordinators secured **$15,620** in grants, gifts, and in-kind donations/services to address improving school environments in Tennessee schools.[17]

- The number of schools providing bullying prevention programs to students increased from **744** schools during the 2011-12 school year to **1,355** schools in the 2015-16 school year.[17]

- The vast majority of school districts, **97 percent**, reported all schools have an active safety team. **100 percent** of school districts reported they have adopted building-level school safety plans regarding crisis intervention, emergency response, and emergency management.[17]

- **1,490** schools provided bullying prevention professional development for teachers and staff.[17]

- There are now **1,158** schools that have a joint-use agreement of school property with the community.[17]

- During the 2015-16 school year, **334** schools conducted the Environmental Protection Agency's *"Tools for Schools"* environment assessment program.[17]

- **Nine** school districts developed new Healthy School Environment policies/guidelines this school year and **19** districts strengthened existing school environment policy/guidelines.[17]

- *Safe Routes to Schools* partnerships were established in **265** schools.[17]

Health Education

Health education is a planned, sequential, pre-K through grade 12 curriculum and program that addresses the physical, mental, personal, and social dimensions of health. The activities of the curriculum and program are integrated into the daily life of students and are designed to motivate and assist students to maintain and improve their health, prevent disease, and reduce health-related risk behaviors. It allows students to develop and demonstrate increasingly sophisticated health-related knowledge, attitudes, skills, and practices. The curriculum and program includes a variety of topics such as personal health; family health; community health; consumer health; environmental health; family living; mental and emotional health; injury prevention and safety; CPR; nutrition; prevention and control of disease; and substance use and abuse.

Highlights:

- During the 2015-16 school year, **1003** schools provided professional development on comprehensive health education to teachers and staff. **1,125** schools or **95 percent** of all public schools in Tennessee are using a comprehensive health education curriculum in their schools.[17]

- More than one-fourth of all school districts, **38 percent**, are providing comprehensive health education for all students.[17]

- During the 2015-16 school year, CSH district coordinators secured **$2,757,917** in grants, gifts, and in-kind resources to address comprehensive health education in Tennessee schools.[17]

- **Eight** districts developed new health education district policies and guidelines this school year with **15** districts strengthening existing health education district policies and guidelines.[17]

School-Site Health Promotion for Staff

Wellness opportunities such as health assessments, health education, and physical fitness activities are provided to all school staff, including administrators, teachers and support personnel to improve their health status. These opportunities encourage staff to pursue a healthy lifestyle that contributes to their improved health status, improved morale, and greater personal commitment to the overall coordinated school health program. This personal commitment often transfers into greater commitment to the health of students and serving as positive role models. Health promotion activities conducted onsite improve productivity, decrease absenteeism, and reduce health insurance costs.

Highlights:

- During the 2015-16 school year, CSH district coordinators secured **$73,024** in grants, gifts, and in-kind donations/services to support staff wellness programs in Tennessee schools.[17]
- During the 2015-16 school year, **96 percent** of all school districts had staff participating in some types of school-sponsored wellness programs serving **30,253** staff memebers.[17]
- **99** school-based clinics provided **2,800** school staff with health related services.[19]
- Since the implementation of CSH statewide, **341** schools have developed in-school fitness rooms for staff.[17]

Students, Parents, and Community Partners

Involvement of parents, community representatives, health specialists, and volunteers in schools provides an integrated approach for enhancing the health and well-being of students both at school and in the community. School health advisory councils, coalitions, and broadly-based constituencies for school health can build support for school health programs. School administrators, teachers, and school health staff in all components actively solicit family involvement and engage community resources, expertise, and services to respond effectively to the health-related needs of students and families.

Highlights:

- CSH district coordinators expanded the average number of partners from **21** community partnerships per school district in 2008-09 to **51** community partnerships in 2015-16.[17]
- CSH district coordinators worked with **7,182** different community partners and coalitions during the 2015-16 school year.[17]
- From 2007-08 to the 2015-156 school year, CSH district coordinators secured **$4,871,464** in grants and in-kind resources/gifts for Tennessee schools, which was used to support student, family, and community partnerships in Tennessee public schools.[17]

- **100 percent** of school districts partnered with county health department during the 2015-16 school year.[19]

- Most school districts, **94 percent,** reported that they partnered with students to achieve CSH goals. CSH statewide worked with **75,328** students to address school health priorities during the 2015-16 school year.[17]

- CSH statewide partnered with **36,554** parents to address school health priorities during the 2015-16 school year.[17]

- **86 percent** of all school districts reported that they have developed a policy to allow communities to use school buildings/grounds when schools are not in session (joint use agreements).[17]

Questions regarding this report may be directed to Lori Paisley (Lori.Paisley@tn.gov), executive director, office of coordinated school health, Tennessee Department of Education.

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